

Congress of the United States
Washington, DC 20515

April 30, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

CC: Rachelle Walensky, CDC Director

Dear Secretary Becerra,

Thank you for your ongoing efforts to end the COVID-19 pandemic. We write regarding your department's implementation of the *American Rescue Plan (ARP) Act of 2021's Sections 2401, 2501, 2601, 2703, 2705 and 2708*, the integral role the Department of Health and Human Services (HHS) and in particular, the specific role the Centers for Disease Control and Prevention (CDC), will play in providing support for medically underserved areas, communities, and persons.

We were proud to work with Congressional leadership to ensure that language in the aforementioned sections were aligned as closely as possible to that outlined in *H.R. 1835/S. 783 the COVID Community Care Act*. While the budget reconciliation process did not allow for precision and detail regarding support for medically underserved communities, we urge you to deliver on President Biden's commitment to equity and realize the intent of the *COVID Community Care Act* by ensuring a targeted approach for the \$63,190,000,000 for COVID response in ARP to serve medically underserved communities. In particular, we implore you to ensure this funding is offered in direct grants to community-based and faith-based organizations to conduct testing, contact tracing, vaccinations, and public outreach in medically underserved communities, as outlined in *the COVID Community Care Act*. In addition, we encourage funds allocated through HRSA to target health centers that provide care to medically underserved communities.

We believe it is imperative that HHS provide resources directly to community-based organizations (CBOs) and other non-profit organizations that have been vital to supporting needs of medically underserved communities throughout the COVID-19 crisis as trusted messengers. In prioritizing funding, we strongly encourage the Department to ensure that medically underserved communities include those that:

- 1) have a rate of infection, hospitalization, or death with respect to COVID-19 that is higher than the national average;
- 2) have a high percentage of racial and ethnic minorities;
- 3) have a significant number of individuals who are limited English proficient (LEP); or
- 4) are above the 90th percentile according to the area deprivation index developed by the Administrator of the Health Resources and Services Administration.

This pandemic has continued to expose and exacerbate already widening health inequities in the United States. Recent report from the Centers for Disease Control and Prevention (CDC) show that American Indian/Alaska Native people are four times as likely as white people to be hospitalized for COVID-19; Black and Hispanic/Latino people are 2.8 times as likely to die of COVID-19 as white people, and Black people are three times less likely to be vaccinated than white people; and while there are significant challenges in obtaining data that disaggregates Asian Americans and Native Hawaiian and Pacific Islanders, where disaggregated data is available, Native Hawaiian and Pacific Islander people are up to nine times more likely to die of COVID-19 compared to white people and Asian American people are 2.1 times more likely to be hospitalized and 2.4 times more likely to die from COVID-19 as white people.

We were thrilled to develop final legislative language that prioritizes support for medically underserved areas, communities, and persons to successfully fight COVID-19. It is imperative that these services are delivered through trusted community members if we truly want to reduce the consequences of COVID-19.

Additionally, we appreciate that the Administration quickly released approximately \$6 billion of the \$7.6 billion provided in the ARP for community health centers. CHCs play a critical role as trusted health care providers that serve nearly 30 million patients regardless of their ability to pay, many of whom are in low-income or communities of color that have been hard-hit by COVID-19. As HRSA considers criteria for the remaining \$1.6 billion, we encourage HRSA to target funding to include health centers that provide care to medically underserved communities as defined above, especially those that serve a significant number of individuals who are LEP and those that serve a high percentage of racial and ethnic minorities.

We appreciate the Administration's efforts to address COVID-19. We believe part of this effort must be to empower community organizations and leaders to respond effectively to the pandemic through grants to nonprofit organizations and for in-language culturally responsive outreach activities. Our Congressional coalition is committed to collaborate with you and your team and will work unremittingly to offer all the resources required to accomplish this crucial goal of supporting an equitable response to COVID-19. We are grateful for your continued effort to prioritize health equity, and we look forward to working together in this fight.

If you have any questions, please have your staff contact Erika Ninoyu in Rep. Lee's office at erika.ninoyu@mail.house.gov.

Sincerely,



Barbara Lee
Member of Congress



Elizabeth Warren
Member of Congress



Judy Chu
Member of Congress



Karen Bass
Member of Congress



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Robin L. Kelly
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